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FILED
Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35795 (6)
 1. Corporation Name
THE VILLAS OF SOMERSET AT THE PLANTATION CONDOMINIUM OWNERS ASSOCIATION, INC.



Principal Place of Business 899 WOODBRIDGE DR VENICE FL 34293	Mailing Address 899 WOODBRIDGE DR VENICE FL 34293
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3. Date incorporated or Qualified 12/26/1989	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0190677	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**DOUGLASS, JESSICA
 ADVANCED MANAGEMENT, INC.
 899 WOODBRIDGE DRIVE
 VENICE FL 34293**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DRATH, FRED	
STREET ADDRESS	899 WOODBRIDGE DR	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WARREN, H. C	
STREET ADDRESS	899 WOODBRIDGE DR	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HELFRICK, MARY	
STREET ADDRESS	899 WOODBRIDGE DR	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SHEEAN, EDITH	
STREET ADDRESS	899 WOODBRIDGE DR	
CITY-ST-ZIP	VENICE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NATIRI, SILVIO	
STREET ADDRESS	899 WOODBRIDGE DR	
CITY-ST-ZIP	VENICE FL 34293	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Buckley, William	
1.3 STREET ADDRESS	899 Woodbridge Dr	
1.4 CITY-ST-ZIP	Venice, FL 34293	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sawyer, Dave	
3.3 STREET ADDRESS	899 Woodbridge Dr	
3.4 CITY-ST-ZIP	Venice, FL 34293	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sheean, Edith	
4.3 STREET ADDRESS	899 Woodbridge Dr	
4.4 CITY-ST-ZIP	Venice, FL 34293	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Natiri, Silvio	
5.3 STREET ADDRESS	899 Woodbridge Dr.	
5.4 CITY-ST-ZIP	Venice, FL 34293	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Silvio Natiri* **Silvio Natiri** 941-403-0287

CR2E037 (10/97)